

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Astellas US LLC PAC (Astellas PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lambert, Jessica, , ,**

Mailing Address 1 Astellas Way

City  
Northbrook

State  
IL

Zip Code  
60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Astellas Pharma US Inc.

Occupation (for Individual)  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

**Transaction ID : A2017-1485859**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lance, Lisa, , ,**

Mailing Address 1 Astellas Way

City  
Northbrook

State  
IL

Zip Code  
60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Astellas Pharma US Inc.

Occupation (for Individual)  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2017

**Transaction ID : A2017-1142938**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lance, Lisa, , ,**

Mailing Address 1 Astellas Way

City  
Northbrook

State  
IL

Zip Code  
60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Astellas Pharma US Inc.

Occupation (for Individual)  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2017

**Transaction ID : A2017-1212926**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00